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2016 Appointment Availability Study: STAR OB/GYN Results

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Agenda



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- Introductions and Roll Call
- Requirements
- 2016 Appointment Availability Study
- Findings
- Next Steps

Requirements: SB 760

Senate bill 760, passed in 2015, requires HHS to monitor MCO's provider networks and providers.

The law requires use to monitor:

- Number of providers taking new patients
- The wait time between making an appointment and being treated

HHSC may use reasonable methods including random phone calls without notice to make sure new and existing clients have access to providers. We may also use a contractor to do the monitoring.



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Requirements: UMCC

Texas Uniform Managed Care Contract (UMCC) Section 8.1.3 Access to Care

The contract requires MCOs to provide services to members that meet all medical guidelines.



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UMCC Standards

Level/Type of Care	Time to Treatment (Calendar Days)
Low-Risk Pregnancies	Provided within 14 days
High-Risk Pregnancies	Offered within 5 days
New Members in the Third Trimester	Offered within 5 days

Source: Uniform Managed Care Contract. 8.1.3.1 Appointment Accessibility



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2016 Appointment Availability Study

2016 Sub-Studies

		STAR	CHIP	STAR+PLUS
OBGYN	Low-Risk	Completed	N/A	N/A
	High-Risk	Completed	N/A	N/A
	3 rd Trimester	Completed	N/A	N/A
Vision	Child	June 2017	June 2017	N/A
	Adult	N/A	N/A	June 2017
Primary Care Provider	Child	September 2017	September 2017	N/A
	Adult	September 2017	N/A	September 2017
Behavioral Health	Child	January 2018	January 2018	N/A
	Adult	January 2018	N/A	January 2018



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2016 Study: Notification

- Email sent to MCOs on August 18, 2016 announcing that the Texas External Quality Review Organization would start fielding the 2016 Appointment Availability study that month.
- MCOs to be assessed by percentage of providers able to offer appointments within appointment wait time standards outlined in section 8.1.3 Appointment Accessibility of the UMCC.
- While the compliance standard in the UMCC remains at 100 percent, MCOs whose performance falls below set thresholds for the OB/GYN study will be issued a request for a corrective action plan.



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2016 Study: Methodology

Secret Shopper: trained callers pose as patients who are “shopping” for a health care provider to schedule an appointment.

OB/GYN Call Script: The OB/GYN study used one tool with different introductory scripts for low-risk, high-risk and third-trimester sub-studies.

Providers Contacted: To be eligible for inclusion in the study, the provider’s record required a valid 10-digit National Provider Identifier and phone number.



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2016 Study: Data Sources

- MCOs must adhere to minimum provider directory requirements established in the Uniform Managed Care Manual Chapter 3, Critical Elements.
- HHSC requested current member-facing OB/GYN directories for all MCOs before beginning the study.
- Provider directory information was collected in August 2016. Calls were fielded beginning in September 2016.



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2016 Study: Notification

Performance Thresholds for 2016 OB/GYN Study:

Low-Risk (14 day standard): 85 percent of providers offer appointments within the wait time standard;

High-Risk (5 day standard): 51 percent of providers offer appointments within the wait time standard; and

Third Trimester (5 day standard): 51 percent of providers offer appointments within the wait time standard.



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Findings: Program-level Compliance of Appointment Accessibility

	Percent Compliant with Standard	Median Days	Minimum Days	Maximum Days
Low-Risk Appointment available within 14 days	71.4%	8	0	85
High-Risk Appointment available within 5 days	44.2%	6.2	0	37
Third Trimester Appointment available within 5 days	37.6%	6.1	0	43



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Findings: Provider Directories

	Low-Risk	High-Risk	Third Trimester
Excluded Providers (Wrong number or no contact after three attempts)	32.2%	30.8%	36.8%
Specialty Care Only*	6.6%	9.5%	7.9%
Not Accepting Pregnancy Type	1.9%	3.7%	5.4%
Not Accepting Medicaid	11.8%	13.2%	10.2%
Not Accepting the Plan	5.8%	3.9%	4.7%
Not Accepting New Patients	2.0%	1.6%	4.6%
Needs Referral	1.1%	.2%	0.1%
Needs Additional Information	9.4%	18.3%	15.2%
Appointment Available	29.3%	18.8%	15.2%

*When the provider/practice provided only specialty care (e.g., the provider is a fertility specialist or provides cancer treatment).



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Observations: Provider Office Characteristics

	Low-Risk	High-Risk	Third Trimester
Weekend Appointment Option	1.8%	3.5%	5.0%
Non-affiliated Urgent Care	0.6%	3.3%	4.0%
Affiliated Urgent Care	2.7%	11.9%	11.1%
Non-affiliated After-hours Clinic	2.4%	1.0%	1.3%
Affiliated After-hours Clinic	9.4%	3.7%	7.8%
Physician On-call	80.3%	73.3%	76.0%
24/7 Nursing Call Line	15.0%	42.6%	45.0%

Next Steps: CAPs

Corrective Action Plans (CAPs)

While the compliance standard in the UMCC remains at 100 percent, MCOs whose performance falls below the following thresholds for appointment accessibility will be issued a request for a corrective action plan:

- OB/GYN Low-Risk (14 day standard): 85 percent of providers offer appointments within the wait time standard;
- OB/GYN High-Risk (5 day standard): 51 percent of providers offer appointments within the wait time standard and;
- OB/GYN Third Trimester (5 day standard): 51 percent of providers offer appointments within the wait time standard.



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Next Steps: CAPs

- HHSC Contract Compliance and Performance Management will notify individual MCOs that did not meet OB/GYN appointment accessibility standards via Q1SFY2017 Remedy letters.
- CAPs are due 10 days after notification by CCPM.
- Additional instructions regarding the CAPs will be provided in CCPM's notification.



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Next Steps: CAPs

Minimum content requirements:

- Identify how your MCO is not in compliance with the UMCC and UMCM standards. This should be specific to each standard listed on the previous slide.
- Identify root cause and possible challenges to meeting UMCC standards.
- Describe current and/or future efforts to ensure compliance with appointment accessibility requirements.



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Thank you

Please submit any questions or comments to:

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